

058  
FLINTSHIRE  
COUNTY COUNCIL

EDUCATION  
COMMITTEE



REPORT

on the work of the

*Flintshire School*

*Health Service*

in relation to the year

1964



FLINTSHIRE COUNTY COUNCIL

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EDUCATION COMMITTEE

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# REPORT

on the work of the

Flintshire

School Health Service

1964



## INTRODUCTION

County Health Offices,  
Llwynegrin,  
Mold.

To the Chairman and Members  
of the Education Committee.

Mr. Chairman, Ladies and Gentlemen,

During the year we pressed on with the scheme of selective medical examination of pupils introduced in 1962 and further developed in 1963. It has now been possible to agree on the final form of the new scheme which is that selection is restricted to children in Standards 2 and 4 and here we send a questionnaire to the parent of each child and, depending on the reply, decide whether to carry out a medical examination. We have decided to continue with the medical examination of all children on school entry and on leaving school. During the year it was decided that selective medical examination was not practical at small schools and is not carried out at schools with a total number of pupils under 60. At these small schools the old scheme of medical examination of age groups is continued. During the year, 629 children were examined at selective examinations and as expected a very high percentage of defects was found at these examinations.

We continued with our Health Education work in schools, both by day to day visits and contact with teachers and pupils and by special Health Education sessions at primary and secondary schools. Health Education is becoming more and more important in our present day society where the foundations of many of the "diseases" of affluence are laid down in childhood, over eating, lack of exercise, cigarette smoking and lack of affection and understanding by some parents which can lead to emotional disturbance in later school years or early teens.

Education for healthy living is difficult yet very important and really urgent. In our complex society everyone needs to know and follow the rules of health and the best place to teach them is at school. We are all involved in this problem of Health Education, teachers, doctors, nurses and parents and although the results are often disappointing some of the advice given does go home and slowly standards of healthy living are being established.

The number of emotionally disturbed children referred to the Child Guidance Clinic increased again during the year to a total of 203. This is a matter which causes us considerable concern, particularly as prevention is possible in many cases, whereas treatment is long and costly. In addition, of course, disturbed children are often acutely unhappy, may have a disturbing influence on other members of the family and often cause a great deal of disruption in the classes and schools they attend. The basic needs of children are affection and security and these are within the reach of all parents. So often parents give the children large sums as pocket money, very expensive toys and sports equipment, allow unlimited freedom and omit the two things that matter - affection and security and this cannot be stressed too often. Perhaps one other attribute should be added to these two - namely, discipline in moderation. These three factors are vital in the child's formative years and will achieve much more than costly patching up services later on.

The School Dental Service was again successful during the year in improving on its achievements in 1963. During the year, 19,545 children were found to need treatment and 7,500 were treated during the year. The mobile dental clinic continued to operate at rural schools. Orthodontic facilities were again made available throughout the year. During the year, we also appointed our first Dental Auxiliary and she is based at Shotton Clinic working under the general supervision of a dental surgeon.

Our main problem relating to handicapped persons is still the need for facilities for the educationally subnormal pupils particularly at the primary school level. A step in this direction has been taken by the establishment of several remedial classes, but the main issue of special day schools for the educationally subnormal still remains. It is estimated, to meet the needs of the County, that three all-age day schools for educationally subnormal pupils will be needed and it is hoped that a start on one of these schools will be made in the near future. If reasonably adequate facilities were made available for the educationally subnormal then more attention could be given to pupils needing remedial teaching in existing schools. I am happy to report that reasonably adequate facilities are available for other handicapped pupils, although at times residential accommodation for maladjusted pupils does present difficulties.

I would again like to thank the consultant staff of the various hospitals for their ready help during the year. My thanks are also due to general practitioners in the County for their co-operation at all times. It is pleasing to report that there is ready exchange of

information between general practitioners and the department relating to children of school age.

I would like to thank the Director of Education and his staff for their help during the year. Also, Her Majesty's Inspectors of Schools, Headmasters, and all members of school staff for their valuable help and interest.

I would again pay tribute to the work of the medical, dental, nursing and clerical staff of the school health section. In particular, Dr. L. L. Munro, the Senior Assistant Medical Officer in charge of the School Health Service for the very efficient way she has dealt with all the work in her first year as medical officer in charge of School Health duties.

The Clerical Staff of the School Health Service have once again carried out their duties in a most efficient manner, and I would like to thank Mr. A. Whitley who has been largely responsible for getting the material together for this report.

I am,

Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

G.W. ROBERTS,

Principal School Medical Officer.



## ADMINISTRATION

### A-DEPARTMENTAL OFFICERS

#### **Principal School Medical Officer**

(also County Medical Officer of Health):

Griffith Wyn Roberts, M.B., B.Ch., B.A.O., D.P.H.

(County Health Offices, Mold. Tel. 106 Mold).

#### **Deputy County Medical Officer:**

K.S. Deas, M.B., Ch.B., D.P.H.

#### **Senior Medical Officer:**

Edna Pearse, M.B., Ch.B., C.P.H. (Liverp.). (Retired  
February, 1964).

#### **Senior Assistant Medical Officer:**

Lillie Lund Munro, M.B., Ch.B., D.P.H.

#### **Assistant Medical Officers (full-time):**

W. Manwell, M.B., B.Ch., B.A.O., D.T.M., C.M., D.P.H.

Edith V. Woodcock, M.B., Ch.B.

#### **Assistant Medical Officers (Part-time on sessional basis):**

Dr. E.M. Harding, M.B., Ch.B., D.P.H.

Dr. K. Gammon, B.Sc., M.B., Ch.B.

#### **Assistant Medical Officers (Part-time) who are also Medical Officers of Health for Grouped County Districts:**

A. Cathcart, M.B., Ch.B., D.P.H., D.T.M. & H.

D.J. Fraser, M.B., Ch.B., D.P.H.,

D.P.W. Roberts, M.B., Ch.B., D.Obst. R.C.O.G., D.P.H.

#### **Chest Physicians (Part-time):**

E. Clifford Jones, M.B., B.S., M.R.C.S.(Eng), L.R.C.P.  
(London)

J.B. Morrison, M.D., Ch.B.

R.W. Biagi, M.B.E., M.B., Ch.B., M.R.C.P.E.

#### **Child Guidance Consultant (Regional Hospital Board Staff):**

E. Simmons, M.D., L.R.C.P., L.R.C.S. (Edin), L.R.F.P.S.  
(Glasgow)

#### **Ear, Nose, and Throat and Audiology Consultant (Regional Hospital Board Staff):**

Catrin M. Williams, F.R.C.S.

**Ophthalmic Consultants** (Regional Hospital Board Staff):

A.C. Shuttleworth, M.B., Ch.B., D.O.M.S.

E. Lyons, M.B., Ch.B., D.O.M.S.

**Orthopaedic Consultant** (Regional Hospital Board Staff):

Robert Owen, M.Ch. (Orth.), F.R.C.S.

**Pædiatrician Consultant** (Regional Hospital Board Staff):

M.M. McLean, M.D., M.R.C.P.E., D.C.H.

**Principal School Dental Officer** (Full-time):

A Fielding, L.D.S., R.C.S.

**Dental Officers** (Full-time):

F.S. Dodd, L.D.S.

Leon Harris, B.D.S.

A.O. Hewitt, L.D.S.

David R. Pearse, B.D.S.

**Dental Officers** (Part-time sessional):

J.R. Davies, L.D.S. (since 14:1:64)

C. Hubbard, L.D.S. (since 30:1:64)

**Dental Auxiliaries:**

Miss B. Solomons (since 1:10:64)

**Orthodontic Consultant** (Part-time - Temporary Sessional):

B.J. Broadbent, F.D.S., R.C.S.

**Dental Anaesthetists** (Part-time sessional basis):

Dr. J.M. Hands:

Dr. M.E. Lloyd

Dr. G.E.S. Robinson

Dr. C.W. Fisher

Dr. H. Evans

**Speech Therapists:**

Mrs. R.E. Ward, L.C.S.T. (Part-time sessional)

Miss G. Roberts, L.C.S.T. (Full-time - since 21:9:64)

**Superintendent Health Visitor/School Nurse (also Domestic Help Organiser):**

Miss P.M. Matthews, S.R.N., S.C.M., H.V. Cert., N.A.P.H.

**School Nurses:** (acting jointly as School Nurses and Health Visitors.)



All State Registered Nurses and State Certified Midwives, and Health Visitor's Certificate (with one exception\*) or other qualifications):

Miss J.M. Jewell, Senior Health Visitor/School Nurse, Western Area	
Miss M. Williams, Senior Health Visitor/School Nurse, Eastern Area	
Miss M.J. Hughes	Mrs. M.E. Pearse
Miss Ellen Jones (Retired 31:8:64)	Miss M.W. Wright
Mrs. E.G.E. Rees (Resigned 31:10:64)	Miss E.M.L. Morgan
Miss G. Jones	Miss G.M. Jones
Miss G. Jenkins	Mrs. D.M. Lewis
+ Miss J.S. Rogers	Mrs. L. Pritchard
Miss M. Lees	Miss A.M. Stewart
*Mrs. A.E. Williams, S.R.N., S.R.F.N	Miss D. Phillips
(Retired 31:7:64)	(since 6:7:64)
Miss M.Y. Secker	Miss F.M. Higginson
Mrs. S. Lewis	(since 4:8:64)
Mrs. P.B. Coupe	
Miss M. Hinchin (since 27:7:64)	

+ Also Part-time Health Education Officers

#### **Clinic Nurses (Full-time)**

Mrs. R. Cunnah

Mrs. S.A. Latham

#### **Clinic Nurses (Part-time sessional):**

Mrs. M.M. Digweed

Mrs. A. Roberts

Mrs. H. Davies

(from 20:4:64)

Mrs. M. Roberts

Mrs. R. Williams

#### **Visitors for Chest Diseases:**

Mrs. M.M. Roberts, S.R.N., S.C.M., T.B. Cert.

Mrs. A.R. Iball, S.R.N.

#### **Dental Surgery Assistants:**

Mrs. L.M. Martin

Miss M.E. Roberts

Miss B.M. Powell

Mrs. P. Thomas

Mrs. E.M. Coppack, S.R.N

(Resigned 29:2:64)

Mrs. J.G. Shaw, S.E.N

Mrs. M.A. Lloyd-Jones

Mrs. C.A. McIntyre (Part-time)

(Part-time)

Mrs. E.I. Roberts, (since 24:2:64)

Mrs. D. Young (Part-time)

#### **Chief Clerk:**

William Ithel Roberts

#### **Department Senior Clerk:**

Arthur Whitley

## B—ASSOCIATED OFFICERS

<b>Clerk of the County Council</b> .....	Mr. W. Hugh Jones
<b>Secretary of the Education Committee</b> .....	B. Haydn Williams, B.Sc., Ph.D
<b>County Architect</b> .....	Mr. R.W. Harvey, A.R.I.B.A
<b>County Treasurer</b> .....	Mr. S. Elmitt, I.M.T.A
<b>Chief Constable</b> .....	Mr. R. Atkins
<b>Physical Training Organisers</b> .....	Mr. Bertram W. Clarke Miss S.N. Crosbie
<b>School Meals Organiser</b> .....	Mr. E. Parry
<b>Children's Officer</b> .....	Mrs. L. Davies, B.A

## C—HEADQUARTERS

County Health Offices, Llwynegryn, Mold—Tel : 106 Mold.

## D—GENERAL INFORMATION

## Area of Administrative County—

Statutory Acres ... ..	163,707
Square Miles ... ..	255.7

## Population of County—

1951 Census ... ..	145,108
1964 Mid-year Estimate ... ..	155,150

## Number of Schools—

Nursery ... ..	1
Primary : County 60 ; Voluntary 41 ; Total ... ..	101
Secondary Modern ... ..	10
Secondary Grammar ... ..	5
Bilateral ... ..	4
Technical College ... ..	1
Horticultural Institute ... ..	1

## School Child Population—

On School Registers (1964-65) ... ..	26,616
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## Financial Circumstances of County—

Estimated Product of a Penny Rate (1964-65) ... ..	£27,626
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## Number of Flintshire Live Births—

Year 1964 ... ..	3,007
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## Number of Flintshire Deaths (1964)—

Infantile ... ..	60
General ... ..	1,857

Medical Officers—							
For County Health and School Medical Services combined							*8
School Dental Surgeons—							
Full-time Officers ... ..							+6
School Nurses—							
Serving half-time also as Health Visitors ... ..							21
Dental Surgery Assistants—							
Full-time ... ..							6
Clinic Establishments (within the County)—							
Child Guidance ... ..							2
Dental (For School Children) ... ..							8
Minor Ailments (for School Children) ... ..							10
Ophthalmic (for School Children) ... ..							4
Ear, Nose and Throat and Audiology ... ..							2
Orthodontic ... ..							2
Orthopædic After-care (for Patients of all ages) ... ..							2
Chest (Welsh Hospital Board) ... ..							3
Orthoptic (Hospital Management Committee) ... ..							3
Speech Therapy ... ..							9

\*Equivalent of  $6\frac{1}{2}$  whole-time officers, as 3 are also Medical Officers of Health for Grouped County Districts.

+Includes Principal Dental Officer

### E—FLINTSHIRE CLINICS (Situations, Opening House, Etc.)

#### MINOR AILMENTS CLINICS.

- Buckley—The Clinic, Padeswood Road. Every Tuesday, 2 to 4-30 p.m.  
Doctor attends every opening.
- Caergwrlle—The Clinic, Ty Cerrig, Off High Street. Every Tuesday,  
1-30 to 2-30 p.m. Doctor attends 1st and 3rd  
Tuesdays of month.
- Flint—The Clinic, Borough Grove. Every Tuesday, 9-30 a.m. to 12  
noon. Doctor attends every opening.
- Holywell—The Clinic, Park Lane. 1st and 3rd Friday, 1-30 to 4-30 p.m.  
Doctor attends every opening.
- Mold—The Clinic, King Street. Every Wednesday, 9-30 a.m. to 12  
noon. Doctor attends every opening.

- Prestatyn—King's Avenue. Every Wednesday, 9-30 a.m. to 12 noon.  
 Doctor attends every opening
- Rhyl—The Clinic, Ffordd Las, Off Marsh Road. Every Monday, 9-30 a.m. to 12 noon. Doctor attends every opening.
- Saltney—The Clinic, St. Davids Terrace. Every Friday, 9-30 a.m. to 12 noon. Doctor attends every opening.
- Shotton—The Clinic, Rowley Drive. Every Thursday, 9-30 a.m. to 12 noon. Doctor attends every opening.
- St. Asaph—Pen-y-Bont. 2nd and 4th Thursday. 1-30 p.m. to 2-30 p.m. Doctor attends every opening.

## CLINICS

During 1964, steady progress was made in further improving facilities for the examination and treatment of school children and others at our clinic premises. It has been found that parents and staff expect all clinics now to be well equipped and pleasant and with good facilities for waiting and consultation. Many of our clinics are new post-war premises and active steps have been taken to bring others up to modern standards and this work is now practically completed.

Not only is it necessary for patient comfort to be considered, but new techniques have demanded other improvements often undetected by those attending. An example being the sound-proofing of rooms used by the E.N.T. Consultant for audiology work and for audiometric testing of children. Greater provision has also been made at clinics for private interviews by parents and at selected clinics full-time clerical help has been made available and provided with suitable accommodation.

During the year for the first time clinic premises were made available to general practitioners for use to examine and carry out certain group activities such as immunisation and vaccination, child welfare work and ante-natal clinics. So far, no general practitioner has requested facilities for the examination or treatment of school children but this would be granted if requested and the sessions could be fitted in at the clinics concerned.

It is worth recording that work went on during the year in modernising all our dental surgeries at clinics by the installation of new dental units, with high speed airota equipment and other facilities.

The future provision of new clinics in developing areas needs a great deal of careful thought and the tendency will possibly be smaller clinics with room for expansion to meet future needs, rather than large



clinics initially. This course of action is recommended in view of the uncertain part which general practitioners will play in the future of the school health service and what use they will make of local health authority clinics.

The mobile all-purpose clinic continued to visit 7 locations every two weeks in the county during the year and school children were seen at these sessions as well as infants and mothers.

The mobile dental clinic also continued to operate during the year and concentrated on rural schools and those remote from static dental clinics.

### ORTHOPÆDIC AFTER-CARE CLINICS

Holywell-Cottage Hospital. 2nd and 4th Wednesday of each calendar month at 2.30 p.m. Surgeon attends every opening.

Rhyl-The Clinic, Ffordd Las, Off Marsh Road. 2nd and 4th Tuesdays of each calendar month, 10 a.m. to 12 noon. Orthopaedic Nurse attends every opening ; Surgeon every 3 months.

### OPHTHALMIC

Holywell-The Clinic, Park Lane. 2nd and 4th Tuesday afternoons in each month.

Mold-The Clinic, King Street. 2nd and 4th Monday mornings in each month.

Rhyl-The Clinic, Ffordd Las, Off Marsh Road. Every Friday morning  
Shotton-Rowley Drive. 1st and 3rd Monday mornings in each month.

To ensure adequate time for examination, patients can only be seen at Ophthalmic Clinics by appointment.

### CHILD GUIDANCE (By appointment only)

Rhyl-Fronfraith, Boughton Avenue, Russell Road. Every Monday 9-30 a.m. and 1-30 p.m.

Shotton-Rowley Drive. Every Friday, 9-30 a.m. and 1-30 p.m.

Children from the Eastern part of the County are also referred to the Child Guidance Clinic at Wrexham.



## EAR, NOSE, AND THROAT AND AUDIOLOGY

Rhyl—The Clinic, Ffordd Las, Off Marsh Road. Every Friday afternoon (by appointment).

Holywell—The Clinic, Park Lane. Every Monday afternoon (by appointment).

## ORTHODONTIC

Buckley—The Clinic, Padeswood Road, (by appointment).

Prestatyn—The Clinic, King's Avenue (by appointment).

## ORTHOPTIC

Holywell—The Clinic, Park Lane. Every Tuesday morning and afternoon.

Rhyl—The Clinic, Ffordd Las, Off Marsh Road. Every Thursday afternoon and every Friday morning.

Many children from the Eastern half of the County are seen by the Orthoptist at Chester Royal Infirmary.

## CHEST CLINICS

Holywell—Cottage Hospital (Physician : Dr. R. W. Biagi) Tuesday, 9-30 a.m. Clinic Session. 2 p.m. Contact Clinic (By appointment only)

Queensferry—Oaklands (Physician : Dr. E. Clifford Jones)  
Tuesday, 9-30 a.m. Clinic Session (By appointment only)  
Wednesday, 9 a.m. Clinic Session  
Friday 9 a.m. Contact Clinic

Rhyl—Alexandra Hospital (Physician : Dr. J. B. Morrison).

\*Monday, 10 a.m. B.C.G. Test Reading

Friday, 9 a.m. Clinic Session (and contacts).

\*Contacts are seen on Friday mornings and, if necessary, given B.C.G. They then attend on the Monday morning following for reading.

## SPEECH THERAPY.

(By appointment only)

Connah's Quay—The Clinic, Civic Centre, Wepre Drive. Every Wednesday (morning and afternoon).

Buckley—The Clinic, Padeswood Road. 1st and 3rd Thursday in each month. (morning and afternoon).

Flint—The Clinic, Borough Grove. 1st and 3rd Monday morning in

each month.

Holywell—The Clinic, Park Lane. 1st and 3rd Tuesday morning in each month.

Mold—The Clinic, King Street. 1st and 3rd Tuesday afternoon in each month. Also 2nd and 4th Tuesday in each month. (morning and afternoon).

Prestatyn—The Clinic, King's Avenue. Every Monday (morning and afternoon).

Rhyl—The Clinic, Ffordd Las, Off Marsh Road. Every Tuesday and Thursday (morning and afternoon).

Saltney—The Clinic, St. David's Terrace. 2nd and 4th Monday morning in each month.

Shotton—The Clinic, Rowley Drive. 2nd and 4th Wednesday in each month. (morning and afternoon).

## Section 2

## STAFF

**Medical**—Dr. E. Pearse retired in February, 1964, after eighteen years service in the County. During the last nine years she had been Senior Medical Officer in charge of the School Medical Service.

**Dental**—Mr. J.R. Davies commenced duty on the 14th January, 1964 and Mr. C. Hubbard on the 30th January, 1964, as part-time Dental Officers on a sessional basis. Miss B. Solomons commenced duty as full-time Dental Auxiliary on the 1st October, 1964.

The following changes occurred in the Dental Surgery Assistants:-

Mrs. E.I. Roberts commenced duty as full-time Dental Surgery Assistant on the 24th February, 1964. Mrs. D. Young commenced duty on a temporary part-time sessional basis on the 3rd March, 1964. Mrs. P. Thomas terminated her services as full-time Dental Surgery Assistant on the 29th February, 1964.

**Nursing**—Miss D. Phillips commenced duty as Health Visitor/School Nurse in the Flint District on the 6th July, 1964. Miss M. Hinchin who was formerly District Nurse/Midwife in the Hawarden area successfully completed a Health Visitors Training Course and commenced duty as Health Visitor/School Nurse in the Bagillt District on the 27th July, 1964. Miss F.M. Higginson who was formerly District Nurse/Midwife in the Pantymwyn area successfully completed a Health Visitors Training Course, and commenced duty as Health Visitor/School Nurse in the Holywell District on the 4th August, 1964. Mrs. A.E. Williams, Health Visitor/School Nurse for the Bagillt district, retired on the 31st July, 1964 after fifteen years service in the County. Miss E. Jones, Health Visitor/School Nurse for the Holywell District, retired on the 31st August, 1964, after seventeen years in the service of the County. Mrs. E.G.E. Rees, Health Visitor/School Nurse for the Northop district, resigned on the 31st October, 1964. Mrs. A. Roberts commenced duty as part-time Clinic Nurse on the 20th April, 1964. Mrs. R. Cunnah and Mrs. S.A. Latham who had been employed as part-time Clinic Nurses commenced duty as full-time Clinic Nurses on the 1st October, 1964.

**Others**—Miss G. Roberts commenced duty as full-time Speech Therapist on the 21st September, 1964.

## ATTENDANCE AT COURSES AND CONFERENCES

Dr. G.W. Roberts attended the Conference of the Central Council for Health Education held at London on the 30th January, 1964. He also attended the Society of Medical Officers of Health Annual Symposium held at London on 21st February, 1964. The Chest and Heart Association Health Conference for Executives held at London on 15th April, 1964. The Royal Society of Health Annual Congress held at Torquay from 27th April to 1st May, 1964, the West Sussex Health Department Computer Conference held at Chichester on the 23rd October, 1964, the Co-ordinating Committee for Social Work Training held at Cardiff on the 28th October, 1964 and the Guild of Social Workers Weekend School held at Rhos-on-Sea on the 7th November, 1964.

Dr. K.S. Deas attended the National Association for Mental Health Annual Conference held at London on 27th and 28th February, 1964, and the Council for Training in Social Work Study Course for Senior Local Authority Officers held at Fallowfield from 24th to 26th June, 1964.

Dr. L.L. Munro attended a Refresher Course for Senior School Medical Officers held at Edinburgh from the 31st August to 9th September, 1964.

Dr. W. Manwell attended the Department of Audiology and Education of Deaf Non-Residential Course for Medical Officers held at Manchester from 17th to 21st February, 1964.

Dr. E.V. Woodcock attended a Course for Medical Officers on Mentally Subnormal Children held at London from 14th September to 2nd October, 1964.

Mr. A. Fielding attended the British Dental Association Annual Conference held at London from 28th June to 3rd July, 1964.

Mr. L. Harris attended the Institute of Dental Surgery Course in Children's Dentistry held at London from 6th to 10th January, 1964.

Mr. A.O. Hewitt attended the Manchester Dental Hospital Clinical Meeting held on 25th September, 1964.

Miss P.M. Matthews attended The Guild of Social Workers Brit-



ish National Conference held at London from 5th to 9th January, 1964, and The Royal College of Nursing Conference (A Reform of Nursing Education) held at London on the 27th October, 1964.

Miss G.M. Jones attended The Guild of Social Workers, British National Conference held at London from 5th to 9th January, 1964.

Miss M.J. Hughes and Mrs. S. Lewis attended The Royal College of Nursing Refresher Course held at London from 29th January to 7th February, 1964.

Miss M.W. Wright attended the Health Visitors Association Autumn School held at Keele from 5th to 19th September, 1964.

Miss M. Lees attended the Annual Conference of the Health Visitors Association held at London on the 17th October, 1964.

Miss M. Williams and Mrs. S. Lewis attended The Royal College of Nursing Conference held at Cardiff on the 28th November, 1964.

## ADMINISTRATION

As schoolchildren become healthier and mature earlier, and receive better physical care the need for regular routine medical examination at schools becomes less essential. This has meant a change of emphasis in the school health service from routine medical examination to more detailed examination of fewer selected children and more frequent visits to schools to give advice and help with pupils presenting problems which are basically medical in character.

Selective medical examination was introduced in the County in 1962 on a small scale and gradually increased during 1964. In time it will replace routine medical examination but the changeover may take up to four years. With selective medical examination all children are examined at school entry and on leaving 14 years plus, but children in the intermediate age groups are only examined as a result of a completed questionnaire returned by the parent or if a medical examination is requested by the head teacher or school nurse. Questionnaires are sent to all pupils in Standards 2 and 4 where selective medical examination is in operation and the decision to examine largely arrived at depending on the answers given by the parents to questions on previous medical history.

During 1964 selective medical examination was carried out at 27



schools and questionnaires sent to 1,472 parents. Of these, 674 were selected for examination and 629 were examined.

Children found to have some defect at school medical examination are followed up and kept under observation at school clinics and referred to as "specials" in our statistics. These cases are reviewed regularly and continue under observation until the defect is clear or the child leaves school, in which case a report will be sent to the Youth Employment Officer if this appears necessary and in the interest of the child.

Vaccination and immunisation is an important aspect of the School Health Service and on school entry the immunisation state of every child is checked, and brought up-to-date and booster doses given of Diphtheria, Tetanus and Poliomyelitis vaccines with parental consent. At the same time, each child is checked to ascertain if vaccination against smallpox has been done, and if not done vaccination is offered at school entry. Although every effort is made to immunise and vaccinate children in infancy it is discouraging to find that only a little over 50% do accept this offer and some being protected for the first time at school entry.

During the year, B.C.G. vaccination against Tuberculosis was continued and the acceptance rate was very good. This scheme operates in the secondary schools in the age group 12 to 14 years, and during the year 1,112 children were given B.C.G. vaccine after the necessary preliminary tests had been carried out.

In the majority of schools, class inspections for cleanliness are now done and not school inspections. This is much less time consuming and equally effected and has been in operation now for 6 years, and school nurses find that very few cases are missed by adopting this procedure.

A record card is kept in the department on each school where details are entered by the school medical officer of any factors that may have an adverse effect on the health of pupils, e.g., inadequate ventilation, overcrowding, poor repair, dangerous school yards, etc. Similarly, school kitchens and canteens are inspected and adverse conditions reported on. Details from these cards are sent to the Director of Education after each inspection for the necessary action by the staff concerned.

The practice of reporting to the Youth Employment Officer on

children unfit for full employment continued during the year and in fact was made more complete. When a pupil is examined prior to leaving school and a defect is found that may interfere with ordinary training or employment then a confidential medical report is submitted to the Youth Employment Officer. With the more serious disabilities, reports are only submitted after obtaining the consent of the parents.

During the year, our arrangements for following up children absent from school for long periods were examined and brought up to date. These children are visited by the School Welfare Officers who work in close contact with school medical officers, and school nurses. When it appears that a child is kept at home for no adequate reason, then the case is referred to this department and an independent medical examination arranged after consultation with the family doctor. In this way, many children are returned to school earlier than would be the case if not followed up, and we get the utmost co-operation in this work from General Practitioners and hospital medical staff.

Full records are kept of all handicapped pupils ascertained in the County and appropriate action taken as regards special educational treatment. In the majority of cases there is very little formality in the process of ascertainment, but with sub-normal children certain information has to be made available to the parents once it is decided to proceed with ascertainment. The procedure to be adopted is laid down in the Mental Health Act 1959 and circulars from the Ministry of Education, and the opportunity was taken this year to bring this practice up to date and to reduce the amount of formality to a minimum. It was felt that this was desirable as parents often do not follow the legal terms used in formal letters, and by simplifying the procedure one was able to give a simple explanation of what was being done and in this way obtain the parents' consent and co-operation. The new administrative arrangements were put into operation after consultation with the Director of Education and his staff.

The smooth administration of the School health service depends on team work within the department and co-operation with many outside the office, such as teachers, school nurses, parents, doctors and hospital staff. This co-operation was present throughout the year as in the past and I very much appreciate this as it shows clearly that we all have one aim—to raise still further the standard of health of children of school age in the County.

Table 1

## PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By year of birth)	No. of Pupils Inspected	Physical Condition of Pupils Inspected			
		Satisfactory		Unsatisfactory	
		No.	% of Col. 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)
1960 and later	233	233	100.00	-	-
1959	1, 246	1, 241	99.59	5	.41
1958	860	855	99.42	5	.58
1957	166	164	98.79	2	1.21
1956	448	447	99.77	1	.23
1955	176	173	98.29	3	1.71
1954	1, 250	1, 249	99.92	1	.08
1953	495	494	99.80	1	.20
1952	46	46	100.00	-	-
1951	-	-	-	-	-
1950	1, 872	1, 870	99.89	2	.11
1949 and earlier	239	239	100.00	-	-
TOTAL	7, 031	7, 011	99.72	20	.28

Table 2

## PUPILS FOUND TO REQUIRE TREATMENT

Individual pupils found at Periodic Medical Inspection to require treatment (excluding Dental Diseases, and Infestation with Vermin) .

Note:- (1) Pupils already under treatment are included.

(2) No pupil is recorded more than once in any column, hence the figures in Column (4) are not necessarily the sum of those in Columns (2) and (3)

Group	For Defective Vision (Excl.Squint)	For any of the other conditions recorded in Table 5:-	Total Individual Pupils	Percentage of Children examined
(1)	(2)	(3)	(4)	(5)
Leavers ... ..	103	232	319	15.11
Entrants ... ..	26	207	223	8.90
Other Age Groups	52	130	182	14.56
Additional Periodic Inspections	44	75	115	9.87
Total (Prescribed Groups)	222	644	839	11.93

It will be noted that the total defects requiring treatment in Entrants decreased from 11.22% in 1963 to 8.90% in 1964. Defects in leavers showed an increase from 13.53% to 15.11% in 1964. Figures from 1961 to date are given on the following page.

	1961	1962	1963	1964
Entrants ... ..	10.93%	12.42%	11.22%	8.90%
Leavers ... ..	10.14%	11.20%	13.53%	15.11%
All ages ... ..	10.30%	11.84%	12.64%	11.93%

It is very interesting and instructive to compare the incidence of defects requiring treatment with age (Table 3)

It will be noted that visual defects occur primarily in two age groups - 10 years of age 14 years of age. These two groups account for 69.81% of all defects found in all ages.

Again with other defects requiring treatment there are three main age groups - 5 - 6 years of age. 10 years, and 14 years of age. These three groups account for 74.53% of all defects found in all ages.

These findings have influenced our policy of medical examination in the changeover to selective medical examination of school children in that we will continue to examine all children on entry and leaving school and select those for examination in the intermediate age group.

Table 3

#### PUPILS FOUND TO REQUIRE TREATMENT:-

Individual Pupils found at Periodic Medical Inspection to require treatment (excluding Dental Diseases and Infestation with Vermin) .

Note:- (1) Pupils already under treatment are included.

(2) No pupil is recorded more than once in any column, hence the figures in Column (4) are not necessarily the sum of those in Columns (2) and (3).



Age Groups Inspected (By Year of Birth)	For defective Vision, (excluding squint)	For any of the other conditions in Table 5	Total Individual Pupils
(1)	(2)	(3)	(4)
1960 and later	-	14	14
1959	14	110	119
1958	11	71	77
1957	1	12	13
1956	14	40	54
1955	1	7	8
1954	52	130	182
1953	25	27	51
1952	1	1	2
1951	-	-	-
1950	89	169	248
1949 and earlier	14	63	71
TOTAL	222	644	839

## OTHER INSPECTIONS

Table 4

Note:- A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person. A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

Number of Special Inspections	4,834
Number of Re-inspections	3,147
	<u>7,981</u>

Table 5

**DEFECTS FOUND BY MEDICAL INSPECTION DURING  
THE YEAR - PERIODIC INSPECTIONS**

Note: - All defects, including defects of pupils at Nursery and Special Schools, noted at periodic medical inspections are included in this Table, whether or not they were under treatment or observation at the time of the inspection. This Table includes separately the number of pupils found to require treatment (T) and the number of pupils found to require observation (O).

Defect Code No.	Defects or Disease	PERIODIC INSPECTIONS							
		Entrants		Leavers		Others		Total	
		(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
4	Skin	35	54	98	23	46	35	179	112
5	Eyes (a) Vision	26	161	103	172	93	201	222	534
	(b) Squint	24	38	9	6	15	36	48	80
	(c) Other	9	7	25	3	23	17	57	27
6	Ears (a) Hearing	11	44	6	3	10	27	27	74
	(b) Otitis Media	4	33	4	6	4	10	12	49
	(c) Other	8	42	29	15	15	32	52	89
7	Nose and Throat	43	124	15	30	21	88	79	242
8	Speech	8	50	4	5	5	28	17	83
9	Lymphatic Glands	1	63	-	15	1	20	2	98
10	Heart	4	35	2	21	1	31	7	87
11	Lungs	11	128	4	22	4	50	19	200
12	Developmental:								
	(a) Hernia	3	7	1	-	1	10	5	17
	(b) Other	1	25	16	17	16	34	33	76
13	Orthopaedic:								
	(a) Posture	-	6	13	4	10	10	23	20
	(b) Feet	32	49	14	13	15	43	61	105
	(c) Other	9	64	22	34	11	29	42	127
14	Nervous System:								
	(a) Epilepsy	1	11	1	6	-	11	2	28
	(b) Other	8	34	2	4	9	34	19	72
15	Psychological:								
	(a) Development	-	16	2	8	3	39	5	63
	(b) Stability	1	51	-	7	4	24	5	82
16	Abdomen	5	21	1	8	5	10	11	39
17	Other	4	31	4	10	3	73	11	114

Table 6

## SPECIAL INSPECTIONS

Note: - All defects noted at medical inspection as requiring treatment are included in this return, whether or not this treatment was begun before the date of the inspection.

Defect Code No.	Defects or Disease	SPECIAL INSPECTIONS	
		Requiring Treatment	Requiring Observation
(1)	(2)	(3)	(4)
4	Skin	278	92
5	Eyes		
	(a) Vision	474	609
	(b) Squint	79	55
	(c) Other	67	27
6	Ears		
	(a) Hearing	112	86
	(b) Otitis		
	Media	24	45
	(c) Other	100	32
7	Nose and Throat	142	191
8	Speech	71	94
9	Lymphatic Glands	11	83
10	Heart	16	122
11	Lungs	52	137
12	Developmental:-		
	(a) Hernia	4	14
	(b) Other *	70	62
13	Orthopaedic:-		
	(a) Posture	19	13
	(b) Feet	65	52
	(c) Other	100	123
14	Nervous System:-		
	(a) Epilepsy	14	15
	(b) Other	17	16
15	Psychological:-		
	(a) Development	89	67
	(b) Stability ∅	115	144
16	Abdomen	24	23
17	Other	300	106
Note -	* Includes cases of obesity	40	22
	∅ Includes cases of enuresis	57	56

Table 5 shows the defects found at routine medical inspections at school. Table 6 shows defects found in children at "special" inspections.

Children examined at selective medical inspection are classed as periodic inspections for the purpose of the Ministry of Education returns. The term "special" inspection refers to children specifically referred for examination either at the school clinic or school medical examination. Children may be referred for "special" examination by the parent, teacher, school nurse, or in some cases, by the general practitioner. It is quite obvious, therefore, that more defects will be found among children seen as "specials" than amongst children seen at periodic school medical examinations.

Tables 5 and 6 show slight changes on 1963 and these are not significant in any way. The number of defects found requiring treatment and observation vary from year to year and in addition there are certain trends which have been noted fully in the past, e.g. gradual increase in psychological conditions found, reduction in ear, nose and throat defects, and the steady incidence of eye defects. It will be noted that defects requiring observation far exceed defects requiring treatment. This is a good sign and means that conditions are being discovered early before active treatment is necessary and with careful supervision and advice, active treatment may not be required.

With the gradual introduction of selective medical inspections as a method of examining pupils at school it will be interesting to see whether the total number and type of defects discovered will show marked variation in the next few years. The impression obtained from selective medical inspection up to date is that still more defects requiring observation will be found and fewer requiring treatment. As selective medical inspection is gradually extended to other areas there will be fewer "special" inspections but re-inspections will remain at much the same level as at present. Ideally, selective medical inspection should enable us to discover more defects at an early stage and this is particularly important with the more frequent defects affecting vision, nose and throat, orthopaedic and emotional disturbances.

As in previous years the commonest defect found was defective vision. During 1964 there was a slight decrease in the number of children needing treatment (761-696) and a slight decrease in the number needing observation (1197-1143) for defective vision. The majority of those needing treatment were in need of spectacles which are prescribed and supplied through the National Health Service and the number of children with squint discovered during the year - both



treatment and observation - decreased (271-262).

Defects of hearing ascertained in 1964 increased to 299 from 164 in 1963. The greater number were cases needing observation (160 out of 299). This increase was due in part to the fuller use of the pure tone audiometer now in use in the department. Although we are not screening all children with the audiometer, those with suspected hearing loss are tested and in this way cases with a small hearing loss are being found and kept under observation. Miss C. Williams, the Consultant Ear, Nose and Throat Surgeon for the Clwyd and Deeside Hospital Management Committee, continued her two special clinics for school children during the year and gave excellent service which was very much appreciated by the parents and the staff of the department.

Defects of the nose and throat discovered show a slight decrease for 1964. A total of 221 defects needing treatment and 433 observation. The largest single group here would be enlarged tonsils and adenoids, and the figures reveal how enlarged tonsils and adenoids are kept under observation for a period prior to operation.

During 1964 cases requiring active speech therapy increased to 88. Cases requiring observation decreased during the same period. As more speech therapy sessions are now available, waiting time for treatment is still only a matter of two or three weeks.

It will be noted that the majority of heart defects discovered only required observation - observation 209, treatment 23. Many of these conditions are heart "murmurs" needing observation sometimes over a prolonged period to ensure that the child's activity is matched to the cardiac abnormality present. It should be noted that many children with a heart murmur can lead a full and active school life, and take part in all forms of physical training and sport. Indeed, some heart murmurs disappear just as quickly as they appear as the child grows older.

Orthopaedic defects discovered in 1964 needing treatment and observation dropped compared with 1963 from a total of 766 to 750.

Mr. Robert Owen, the Consultant Orthopaedic Surgeon for the Clwyd and Deeside Hospital Management Committee continued during the year to attend the Orthopaedic Clinics for school children in the County and gave an excellent service - working in close collaboration with the staff of the Gobowen Orthopaedic Hospital. Although Mr. Robert Owen was not able to attend the clinics more frequently it was



possible to get children in urgent need of consultation seen quicker at the hospital orthopaedic clinic at Rhyl.

During the year the number of children found with emotional disturbances of varying degree increased from 512 in 1963 to 570 in 1964. This figure includes 113 cases of enuresis which have not previously been included under this heading in the past.

The figures of children found only reveal part of the problem, as many children with mild disturbances are often not found for many months, and what gives cause for concern is the increasing number of seriously disturbed children. Seriously disturbed children present a very difficult medical and social problem and require help from various members of the Child Guidance team for prolonged periods, often two or more years before any improvement is revealed. Emotional disturbance in the child also has repercussions on other members of the family, particularly other children and on classmates in school. I feel that our best approach to this problem is by using school nurses, mental welfare officers and the Child Guidance team and teachers to advise parents on the needs of children for security and affection. There is no substitute for parental "care" and it is very difficult to convince some parents that these two elements—security and affection—matter so much to children of all ages. Many persons are under the impression that emotionally disturbed children are a feature of the poorer "problem" type family. Numerically more children in this type of family are disturbed—but some of the more seriously disturbed children are found in homes where material conditions are good and the parents of good intelligence. The remedy is the same in both types of families—but the approach will have to be very different. All members of the school health service are trying to meet the need—the work is slow and time consuming—but the problem has been appreciated and every effort is being made to help parents to help themselves.

Prevention of emotional disturbance in children is the key to the problem and, in this work, the teacher plays a vital role. The teacher can detect very early signs of disturbance in a child, and indeed, knowing the family background, can often take action before the child shows any signs of insecurity. In this work, parents, teachers, school medical officers and nurses must work closely together and more frequent visiting of schools with selective medical examinations facilitate this. Teachers are also becoming more conscious of the problem of early and established emotional disturbances and seeking help from the school health service.

Table 7

Classification of the physical condition of the pupils inspected in the age groups recorded in Table 1.

Age Group Inspected	Number of Pupils Inspected	Satisfactory		Unsatisfactory	
		No.	% of Col.2	No.	% of Col.2
(1)	(2)	(3)	(4)	(5)	(6)
Entrants ... ..	2505	2493	99.52	12	.48
Leavers ... ..	2111	2109	99.91	2	.09
Other Age Groups ...	1250	1249	99.92	1	.08
Additional Periodic Inspections	1165	1160	99.57	5	.43
Total	7031	7011	99.72	20	.28

Information about the physical condition of pupils attending schools is shown in Table 7 above.

It should be explained that the children shown as "Other Age Groups" are, with a few exceptions, children between 10 and 11 years of age, examined during their last year at a primary school.

During 1964, the percentage of children found satisfactory in all age groups was 99.72. Of the total examined 7,031 only 20 (0.28%) were found unsatisfactory from a physical standpoint.

It will be appreciated that deciding whether a child's physical condition is satisfactory or not, is not always easy, as many borderline cases are seen. Even allowing for this difficulty, the position in the County is very satisfactory and I hope that it will be maintained. It will be extremely difficult to improve on the present findings.

Many factors have played a part in bringing about the present satisfactory findings - improved social and economical conditions - improved child care - better nutrition - better medical and dental care in recent years, and the important part played by teachers in fostering the physical care of children in primary and secondary schools.

Children are now taller and heavier than children of the same age and sex were 25 years ago - taller on average about  $\frac{1}{2}$  an inch and heavier by 2lbs. at age of 11 years. The increases being slightly greater in boys than girls - the above figures being the overall change for boys and girls averaged out. Indeed, the position has now been reached when overweight is a real problem with children of school age and particularly children in primary schools. This is often due to overindulgence by parents particularly in allowing too many sweets, cakes, and snacks between meals. Usually, an overweight child becomes an overweight adult and obesity is known to be harmful to health in many ways. It is important therefore that children should have an adequate and suitable diet and plenty of outdoor activity. Sweets and other sugary confections should be kept down and under the parents control as it is much better to avoid overweight in children (and adults) than to have to try and enforce a strict diet which children find very difficult to accept and parents find almost impossible to enforce.

Infestation with Vermin: There was an increase during the year in the number of children found infested with vermin, from 456 in 1963 to 713 in 1964.

This increase in the number of children infested with lice and nits is a setback after much progress had been achieved in this work in the past few years, as the figures below show. It is little comfort to report that infestation is much lighter now than 10 years ago, or that re-infestation is more common, or that more and more senior girls are involved. In spite of advice on personal hygiene in clinics and at schools, many parents and children do not appreciate the fundamental difference between an outward appearance of cleanliness and real hygiene, which relates appearance to basic good habits in all aspects of personal hygiene.

We can only persevere in this work of personal hygiene, with special reference to head infestation. In this work we get every co-operation from the teachers, but often not the help or support that we would like from the parents. I need hardly point out that if all parents co-operated fully this problem could be overcome in the space of one school year.

It should also be pointed out that of the 713 cases, many are "re-infestations" - the same child being repeatedly infested during the year.

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	Total Children infested	% Infestation of total examined
<hr/>		
1955	1305	6.69
1956	958	4.14
1957	815	4.14
1958	763	3.89
1959	711	3.72
1960	922	5.76
1961	957	5.57
1962	631	3.13
1963	456	2.30
1964	713	2.83

---

During the year school nurses continued to work closely with teachers to discover cases of infestation as early as possible. When discovered "Suleo" or "Lorexane" was supplied free to parents and instruction in cleansing if requested. Cleansing clinics were held as in previous years to cleanse children whose parents were unwilling or incapable of cleansing in a satisfactory manner.

It is planned in the coming year to increase our education and publicity work on the whole problem of personal hygiene and with particular reference to vermin infestation. Without the co-operation of parents only partial success can be achieved and parents should be made aware of how conscious and humiliated some of the children who are repeatedly infested feel. At times our school nurses have to go out of their way to avoid causing them acute embarrassment. This is particularly true of primary school children, the older girls being responsible for their infestation due to lack of cleanliness and unsuitable hair styles which make combing and hair care difficult or impossible.

What also must be remembered is that often the whole family is infested and need treatment. If only the child at school is treated and the family are unco-operative, then repeated infestation occurs and this causes a great deal of extra work for the school nurses and the teaching staff and at times quite unjustifiable absences from school.



Table 8

## INFESTATION WITH VERMIN

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Number of individual children examined							
by School Nurses	...	...	...	...	...		25,187
Total number of examinations in the schools by the School							
Nurses or other authorised persons				...	...		43,797
Total number of individual pupils found							
to be infested	...	...	...	...	...		713
Number of individual pupils in respect of whom cleansing							
notices were issued (Section 54 (2) Education Act,							
1944)	...	...	...	...	...	...	-
Number of individual pupils in respect of whom cleansing							
orders were issued (Section 54 (3) Education Act,							
1944)	...	...	...	...	...	...	-

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Vaccination against smallpox: A total of 51.37% of children examined at routine medical examinations showed evidence of successful vaccination against Smallpox. Although prior to 1948 exemption from vaccination had been far too easily obtainable, the National Health Service Act abolished compulsory vaccination in the hope that voluntary vaccination against Smallpox would prove to be as successful as immunisation against Diphtheria.

In the years immediately following 1948 the number of children who received primary vaccination fell sharply, but in recent years the number has increased.

In 1964 it will be noted that 791 infants were vaccinated compared with 581 in 1963. The reason for this is the change in vaccination policy in the County in vaccinating children between 1 and 2 years and not at three months as previously.

The following Table shows the number of primary vaccinations each year since 1948; figures which up to 1952 represent approximately only 25% of the live births. The figure for 1964 however, represents 26.30% of the live births.



1948	Number of primary vaccinations	...	808
1949	" " " "	...	397
1950	" " " "	...	660
1951	" " " "	...	796
1952	" " " "	...	663
1953	" " " "	...	663
1954	" " " "	...	636
1955	" " " "	...	803
1956	" " " "	...	915
1957	" " " "	...	1170
1958	" " " "	...	1397
1959	" " " "	...	1305
1960	" " " "	...	1252
1961	" " " "	...	1291
1962	" " " "	...	1770
1963	" " " "	...	581
1964	" " " "	...	791

Immunisation: "Triple" antigen is now offered to all babies both by General Practitioners and in County Clinics. Triple antigen is a mixed vaccine of Diphtheria, Whooping Cough and Tetanus, and three injections at monthly intervals protect the child against these three serious illnesses. When the child enters school at five years of age a "booster" dose of Diphtheria/Tetanus is offered.

Whooping Cough vaccine is not offered in the "booster", as whooping cough is an illness of children under five years of age — at least it is only a serious illness in children under five years of age.

The following table shows the number of children under 15 years of age who were immunised during 1964:-

ANTIGEN USED:	PRIMARY			BOOSTER		
	0 - 4	5 - 15	Total	0 - 4	5 - 15	Total
Diphtheria only.	10	6	16	71	879	950
Diphtheria/Whooping Cough.	2	13	15	1	2	3
Diphtheria/Whooping Cough/Tetanus.	1359	34	1393	17	92	109
Diphtheria/Whooping Cough/Tetanus/Polio.	603	15	618	-	-	-
Diphtheria/Tetanus	56	46	102	22	282	304
Tetanus only.	-	15	15	3	53	56

Children can be immunised free of charge either by their own General Practitioner or at a school clinic. "Booster" doses are given at school at the end of the school medical examination for the convenience of the parents, and in an attempt to get a high acceptance rate, and this has proved to be the case.

Poliomyelitis Vaccination: It is gratifying to report the high acceptance rate by parents of poliomyelitis vaccine for their children. During the year poliomyelitis vaccine was offered at routine immunisation clinics in the County and at sessions of the mobile clinic. The introduction of the mouth vaccine - oral vaccine - in February 1962 made our work easier and increased still further the acceptance rate. Oral vaccine is very simple to give - three drops on a lump of sugar or in syrup - taken on three occasions with an interval of 4-8 weeks between each dose. The oral vaccine protects against attack by the virus as well as against paralysis - this is due to the vaccine making the bowel immune to attack by poliomyelitis virus which enters by the mouth.

At the end of 1964, 21,283 children between 5 and 15 years of age had been fully protected against poliomyelitis - this means 79.6% of the school population of the County. This total includes all children protected since poliomyelitis vaccination started in 1956. During 1964 229 children of school age were given poliomyelitis vaccine and of this total, 211 were protected with oral vaccine.

Handicapped Pupils: The following Table shows the number of handicapped pupils on the register at the end of the year, in their several categories:-

NUMBER OF ASCERTAINED HANDICAPPED PUPILS  
ON REGISTER AT:-

	31:12:63	31:12:64
Blind	5	6
Partially Sighted	17	17
Deaf	10	10
Partially Hearing	22	21
Educationally sub-normal	167	188
Epileptic	24	25
Physically Handicapped	136	131
Delicate	35	38
Speech	1	-
Maladjusted	24	30
TOTAL	441	466

20 children were ascertained to be in need of special education, either in residential schools or special day schools and were classified as follows:-

· Educationally sub-normal	15	Maladjusted	1
Delicate	-	Physically handicapped	-
Epileptic	1	Deaf	-
Partially Hearing	1	Blind	1
Partially Sighted	1	Speech	-

During the year places were found in Special Schools or Homes for 7 handicapped pupils (Blind 1, Partially sighted 1, Partially Hearing 1, Maladjusted 1, Educationally sub-normal 2, Epileptic 1). The total number of handicapped pupils who were actually receiving education in special boarding schools and homes was 55.

They were of the following categories:-

Blind and Partially Sighted	11
Deaf and Partially Hearing	12
Educationally sub-normal and maladjusted	15
Epileptic	3
Delicate and Physically Handicapped	14
	<hr/> 55 <hr/>

18 handicapped children received home tuition during the year, 14 of these were still receiving home tuition at the end of the year, 5 pupils received bedside tuition in hospital, and 10 pupils were on the registers of hospital special schools.

The total number of handicapped pupils who are awaiting accommodation in Special Schools is 52; of this number 43 are Educationally Sub-normal, made up as follows:

Requiring places in Special Boarding Schools	6
Requiring places in Special Day Schools	37
	<hr/> 43 <hr/>

In addition to the above, 9 children were ascertained to be incapable of education in school ; these were reported to the local Authority in accordance with the requirements of Section 57 of the Education Act, 1944, as amended.

It will be noted that the biggest single group of ascertained handicapped pupils is the Educationally Sub-normal—amounting to 188. In recent years, better provision has been made in the County in remedial classes in primary and secondary schools for these children, but many still need very special teaching facilities if their potential is to be developed. For this work there is both locally and nationally an acute shortage of specially trained teachers, but this is being tackled by the Ministry of Education by the provision of extra training facilities for teachers of the educationally sub-normal.

Physically handicapped children from the County requiring residential schooling are admitted to the Residential School for the Physically handicapped at Llandudno, which serves the six North Wales Counties and which has now been in operation for nearly two years. This school has accommodation for 60 pupils, and of this number 15 places are reserved for Flintshire cases, and at the end of 1964 12 pupils from Flintshire were at the school.

During the year, spastic children from Flintshire continued to attend the Day Unit for Spastics at the Maelor General Hospital, Wrexham. This Unit is under the supervision of Dr. E. Gerald Roberts, the Consultant Paediatrician for the Powys and Mawddach Hospital Management Committee and very good work continues to be done here for spastic children within reach of the Unit.

With the opening of the school at Llandudno the immediate problems of the more severely physically handicapped have been largely met—the need of the less severely handicapped will continue to be met wherever possible in ordinary schools in the County.

It is the policy of the Ministry of Education to allow handicapped pupils to attend ordinary schools whenever possible. This entails close liaison between the teaching staff of schools accepting these pupils and the staff of the School Health Service. It is interesting to note that even in the past six years there have been great strides in the placement and education of the handicapped pupils at ordinary schools. Many of the handicapped pupils now attending ordinary schools would not have been permitted to do so some years ago and this speaks well for the important part played by teachers in meeting the needs of these less fortunate children.

The acceptance of more handicapped children into ordinary schools must not cloud the need of those pupils who require special schooling, mainly in residential special schools. Home tuition, though meeting a real need, is not an adequate substitute for a



residential special school.

It has already been pointed out that 52 children are awaiting vacancies in special schools, made up as follows:-

Blind and Partially Sighted	-
Delicate and Physically Handicapped	5
Educationally Sub-normal	43
Maladjusted	3
Epileptic	1
Deaf	-
	<hr/>
	52
	<hr/>

(Some of the 14 pupils receiving home tuition would also benefit by special schooling).

There is still need for more provision of special schools in the North Wales area for various categories of handicapped pupils—possibly the most urgent being a school for the maladjusted. Provision of special schools for handicapped children in North Wales can only adequately be done on a joint basis with all six Counties co-operating. Now that a very excellent school for the Physically Handicapped has been established as a joint venture, it is hoped that the needs of other handicapped children requiring residential schooling can be met in the same way.

Prevention of Tuberculosis: It is the policy of the Education Authority to medically examine all newly appointed teachers, canteen staff, and others who come into close contact with children. This is a condition of service, and the examination includes an X-Ray examination of the chest. The right is reserved to request subsequent chest X-Ray examinations as and when this appears necessary. During 1964, 52 teachers, 72 canteen staff, and 4 school caretakers were examined and reported on by the medical staff.

In addition, 127 candidates for admission to Training Colleges for Teachers were examined by the medical staff. These examinations were in consequence of Regulations of the Ministry of Education, whereby all entrants to Training Colleges for Teachers must be examined before acceptance by the School Medical Officer of the area in which they reside. This examination includes X-Ray examination of the chest.

It should be added that it is a condition that all new County Council staff on engagement have a medical examination and this includes a chest X-Ray examination. During the year, in addition to the medical



examinations in the Education department, a total of 267 other medical examinations were carried out of members of other departments and all these included a chest X-Ray examination.

When a case of tuberculosis is diagnosed in a school child, efforts are made to trace the source of infection, and steps to ascertain if children in contact with the cases are free from infection. This entails carrying out Mantoux tests on some or all of the children at the school. Those with positive test findings have a chest X-Ray, and those who are negative are offered B.C.G. vaccination.

During the year two children from secondary schools were found to be suffering from tuberculosis and full investigation of all the pupils and staff was carried out as outlined above.

B.C.G. Vaccination: During 1963 B.C.G. Vaccination was offered to all suitable children at secondary schools between 12 and 14 years of age.

It has been the policy of the Authority to offer B.C.G. vaccination to this age group now for several years and the scheme has worked well and the acceptance rate is very satisfactory. Although the Ministry of Education has extended the age group for B.C.G. vaccination from 10 years to 18+ this Authority has continued with its policy of offering B.C.G. to pupils in the age group 12 - 14 years. It was decided to adhere to this age group as it was convenient for the secondary schools, less confusing to parents and easier to administer in the department. Children who transfer in to this County over 13 years who have not had B.C.G. are offered protection when the school is visited, and the same applies to children who were absent when B.C.G. was offered at a given school.

During the year all secondary schools were visited. At all the schools visited the nature of B.C.G. vaccine was explained to the pupils at school, and in a letter which each child took home to obtain consent for testing and vaccination.

Children found to have positive Mantoux tests are referred to the Mass X-Ray Unit for a chest X-Ray. Those with strongly positive Mantoux tests are referred to the Chest Physician for examination and a large plate chest X-Ray. The number of children with strongly positive Mantoux tests is very small - but they do present a very special group as it is very likely that they are in contact with an infectious case of tuberculosis or have had fairly recent close contact with a case.

At all the schools attended the acceptance rate for B.C.G. vaccination has been excellent, and details of the children tested and given B.C.G. vaccine are given in the Table as follows.

In addition to the B.C.G. vaccine given at schools, Chest Physicians continued to give vaccine to "contacts" of known cases of Tuberculosis. During 1964, 772 "contacts" were skin tested and found suitable for B.C.G. vaccine and received vaccination at a Chest Clinic.

A high percentage of the 772 persons who were skin tested were children of school age, and this figure also includes persons over school age who were tested at Chest Clinics.

### B.C.G. VACCINATION OF SCHOOL CHILDREN, 1964

School	No. in Age Group	No. of Acceptances	No. Skin Tested	No. found Positive.	No. found Negative	No. B.C.G. Vaccinated
Prestatyn County Secondary	156	131	131	39(35.5%)	71(64.5%)	65
Rhyl Welsh Bilateral	74	73	64	11(19.0%)	48(81.0%)	34
Rhyl Glyndwr County Secondary	82	70	51	22(43.0%)	29(57.0%)	19
Hope County Secondary	80	67	66	8(12.5%)	56(87.5%)	52
Saltney County Secondary	81	72	65	14(22.0%)	49(78.0%)	47
Hawarden Grammar	147	140	133	31(24.0%)	100(76.0%)	95
Queensferry Aston County Secondary	140	134	132	20(16.0%)	104(84.0%)	101
Flint (B.R.G) Bilateral	102	95	85	27(34.0%)	53(66.0%)	48
Flint County Secondary	122	117	109	31(32.0%)	65(68.0%)	51
Buckley County Secondary	117	104	91	29(33.0%)	59(67.0%)	44
Deeside County Secondary	171	160	149	19(13.0%)	128(87.0%)	120
Holywell County Secondary	177	168	145	43(31.0%)	95(69.0%)	68
Holywell Grammar	108	105	97	26(29.0%)	65(71.0%)	50
Mold County Secondary	147	138	128	25(19.5%)	103(80.5%)	93
Mold Grammar	129	128	128	42(33.0%)	85(67.0%)	83
Mold Welsh Bilateral	34	33	31	4(14.0%)	25(86.0%)	25
St. Asaph Grammar	106	94	85	27(32.5%)	56(67.5%)	40
Rhyl Grammar	120	108	103	36(36.0%)	65(64.0%)	45
Penley Bilateral	63	56	49	9(21.0%)	34(79.0%)	32

26% of the groups were found to be Multiple Puncture Positive.

Mass Radiography: The Semi-static Mass X-Ray Unit continued to operate in the County during 1964, visiting four centres - Holywell, Rhyl, Shotton and Mold - every three weeks. This Unit is open to the public without prior appointment and is also used by General Practitioners who refer patients with "chest" symptoms for X-Ray. In addition, the Unit examines children found to have a positive Mantoux test when examined prior to offering B.C.G. vaccine.

Many of the new employees examined prior to starting work with the Authority also attend one of the centres for a chest X-Ray. A few are cases with a history of tuberculosis or are contacts of cases being referred to the Chest Clinics for a full examination and report.

Full details of the work of the Mass X-Ray Units in the County are given in the Report of the Medical Officer on the Health of Flintshire for 1964.

## TREATMENT

Clinics: During 1964 school clinics were held at ten centres as in 1963. During 1964 all school clinics were held in purpose built premises, with adequate facilities for all aspects of the work undertaken. Although some treatment is carried out at school clinics, the main purpose remains the follow-up and observation of children found to have defects at previous medical examinations. At these clinics time is available to meet parents and discuss their child's condition with them and offer advice and help in dealing with any defects found.

In many cases we find that the co-operation of parents in dealing with their children's disabilities is more readily obtained if the whole matter is fully explained to them with an outline of the course of the condition and eventual result. Without such explanation parents often expect some spectacular treatment and care when all that is required is patience and understanding and an insight into the particular disability.

At most of the bigger clinics, special clinics are held by Consultants from the hospital service in ophthalmology, ear, nose and throat, orthopaedic, paediatric and child guidance. Members of the school health department staff assist at these clinics and in this way a close liaison is maintained between the school health department and the hospital staff.

It should be pointed out that nearly all "special" examinations,

treatment and follow-up are done at school clinics and so it is important that clinic premises and equipment are of a high standard to enable doctors and nurses to carry out their duties efficiently.

The mobile clinic continued to function during the year at the following centres:-

Dyserth, Rhuddlan, Penyffordd, Halkyn, Ewloe, Leeswood and Ffynnongroew.

The clinic attends each centre every two weeks and acts as an all-purpose clinic and on each visit, infants, mothers and school children are seen. A doctor and nurse attend at each session.

Table 9

### DISEASES OF THE SKIN

(excluding Uncleanliness, for which see Table 8)

	Number of cases treated or under treatment during the year	
	by the Authority	Otherwise
Ringworm (i) Scalp	-	1
(ii) Body	-	5
Scabies	11	1
Impetigo	7	2
Other Skin Diseases	215	60
TOTAL	233	69



Table 9 (continued)

## EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases dealt with	
	by the Authority	Otherwise
External and other, excluding errors of refraction and squint	27	28
Errors of Refraction (Including squint)	1,464	-
TOTAL	1,491	28
Number of pupils for whom spectacles were:-		
(a) Prescribed	*737	-
(b) Obtained	*737	-
TOTAL	737	-

\*Including cases dealt with under arrangements with supplementary Ophthalmic Services.

During the year, Consultant Ophthalmologists attended at four clinics as in previous years - Rhyl, Holywell, Shotton and Mold. At all the centres there was only a short waiting time before children were seen at the clinic. The waiting period at school eye clinics has been kept down very well during the year, thanks to the active co-operation of the Consultant Ophthalmologists.

During the year the number of children examined at the four clinics with errors of refraction was 1464 compared with 1570 in 1963. During 1964 737 pairs of spectacles were prescribed compared with 743 in 1963.

I met the Ophthalmic Consultants on several occasions during the year to discuss matters affecting the Clinics. I would like, once again, to thank Mr. Shuttleworth and Mr. Lyons for the very excellent service they gave during the year. I feel we are indeed fortunate in having consultants that provide a first class service and take a real interest in the work.

Brief reports from Mr. Shuttleworth and Mr. Lyons on the operation of the Clinics are given as follows:-



"The Children's Ophthalmic Clinics have been held as usual at fortnightly intervals at Mold and Shotton. The patients dealt with are usually those found to have defective vision when examined at school or children showing signs of a squint. In addition, a certain number of babies are examined who have congenital abnormalities of their eyes and are suspected of having defective vision. There are also cases of inflammatory conditions of the eyes needing treatment.

Because of pressure of work, an ophthalmic optician has been appointed to assist with the testing of the sight of the children.

The work of the Clinics appears to have been appreciated by the parents of the children and I am most grateful for the help of the Health Visitors and their assistants."

A.C. SHUTTLEWORTH

"The school ophthalmic clinics have been held weekly at Rhyl and twice monthly at Holywell throughout the year, but additional clinics have been arranged when necessary and consequently the waiting time for appointments has been reduced to a minimum and the clinics have been conducted smoothly and efficiently.

Miss H. Edwards, Orthoptist to the Clwyd & Deeside Hospital Management Committee, has continued to hold orthoptic clinics for the treatment of children with squints at both Rhyl and Holywell. These have been held on the same days and at the same times as the main ophthalmic clinics conducted by the ophthalmologist, enabling close co-operation and full discussion to take place between ophthalmologist and orthoptist when necessary. This has ensured the maximum benefit from treatment. In addition, a number of Flintshire children have also received orthoptic treatment in the ophthalmic department at H.M. Stanley Hospital, St. Asaph.

During the year, 31 Flintshire children were admitted to the ophthalmic department at H.M. Stanley Hospital, St. Asaph. Of these, 20 underwent operations for the correction of squint and 8 others were admitted for surgical treatment. Four of these had operations for congenital cataracts, 2 for ptosis, 1 for congenital glaucoma and 1 had a dermoid cyst excised. Three other children were admitted with eye conditions requiring medical treatment only, but it was noteworthy that there were no eye injuries serious enough to warrant admission to hospital.

EDWARD LYONS

Miss H. Edwards, the Orthoptist on the staff of the Clwyd and Deeside Hospital Management Committee, attended the school clinics at Holywell and Rhyl during the year and treated children referred to her by the Consultant Ophthalmologist. She attended these clinics on the same days as the Consultant Ophthalmologist and in this way close contact is maintained and good follow-up of cases ensured.

In addition, Miss Edwards also sees Flintshire children at her clinic at St. Asaph Hospital. I would like to thank Miss Edwards for her work during the year, for her ready co-operation in seeing children referred and the help and support she gives to the parents.

### ORTHOPTIC CLINICS SCHOOL CHILDREN ONLY

	Chester Royal Infirmary	Holywell Clinic.	Rhyl Clinic	St. Asaph Clinic
Number of Flintshire children who attended in the year 1964	392	35	48	59
Number of attendances for the year 1964.	1,418	294	497	235

Number of squint operations performed on Flintshire Children at: -

Chester Royal Infirmary 16

H.M. Stanley Hospital, St . Asaph 20

Children from the Eastern half of the County attend the Orthoptic Department of the Chester Royal Infirmary. This department is under the supervision of Mrs. E.R. Salisbury, the Orthoptist-in-charge, who, with her staff, continued to give excellent service to Flintshire children during the year.

Table 9 (continued)  
DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases treated	
	by the Authority	Otherwise
Received operative treatment		
(a) for diseases of the ear	-	4
(b) for adenoids and chronic tonsillitis	-	390
(c) for other nose & throat conditions	-	32
Received other forms of treatment	110	26
Total	110	452
Total number of pupils in schools who are known to have been provided with hearing aids:		
(a) in 1964	-	5
(b) in previous years	-	*15

\* Includes six pupils who are now at Special Schools for the Deaf.

The number of children who received operative treatment for adenoids and chronic tonsillitis still remains high - 390, but it must be remembered that 654 children were found at routine and special medical inspection to have defects of the nose and throat, and of these 221 required treatment and 433 were in need of observation. Many of these children were kept under observation by the School Medical Officers at minor ailment clinics and later did not require operative treatment. Others were referred to Ear, Nose and Throat Consultants, who prescribed treatment in some cases and carried out operative treatment in other cases.

No child has operative treatment for tonsils and adenoids until kept under observation for some time, or unless non-surgical treatment has failed.

Miss C. Williams, the Consultant Ear, Nose and Throat Surgeon for the Clwyd and Deeside Hospital Management Committee continued to hold regular Ear, Nose and Throat and Audiology clinics for children at Rhyl and Holywell. Cases requiring operative treatment were admitted to beds at St. Asaph H.M. Stanley Hospital.

The department now has a Pure Tone Audiometer and Dr. L. Munro, the Senior Assistant Medical Officer, in charge of the School Health Service, arranges for hearing tests to be carried out on children where a hearing defect is suspected. We are not in a position at present to carry out mass screening tests for hearing defects at school entry or other selected age groups, but individual cases referred from any source are tested and dealt with. When further advice is needed these cases are seen by Miss C. Williams, The E.N.T. Consultant, at the clinics at Holywell or Rhyl and the appropriate treatment given. During 1964, sixty four children were referred to our own medical staff for audiometric testing and of these sixteen were subsequently seen by Miss Williams.

Hearing aids were provided when necessary under the National Health Service Act and a Hearing Aid Technician attends for this purpose at the H.M. Stanley Hospital, St. Asaph.

I would like to thank Miss C. Williams for her valuable services and in particular for her expert advice and assistance with partially deaf children who require special educational treatment.

Orthopaedic: Orthopaedic Clinics for school children were held every two weeks at our clinics at Holywell and Rhyl. These clinics are attended by the Physiotherapist from the Gobowen Orthopaedic Hospital at each session. Mr. Robert Owen, the Consultant Orthopaedic Surgeon, however, attends the Rhyl clinic every three months and the Holywell clinic on the second and fourth Wednesday of each month.

All School Orthopaedic Services in the North Wales area including Flintshire, are now based on the Gobowen Orthopaedic Hospital and Mr. Robert Owen, the Orthopaedic Consultant for the Clwyd and Deeside Hospital Management Committee area attends the Clinics in Flintshire by arrangement with the Gobowen Hospital.

This new arrangement is an improvement on the service when the Consultant came each time from Gobowen Hospital. The new scheme means that the base of the Consultant has moved to Rhyl, and children requiring further observation and treatment attend Rhyl Hospital for care and not Gobowen as in the past. As Mr. Robert Owen works closely with the staff at Gobowen Hospital any children requiring the special facilities offered at Gobowen, including their excellent hospital educational facilities, can still be admitted by Mr. Owen when he considers this necessary.



I would like to thank Mr. Robert Owen and the staff of the Gobowen Hospital for their interest and valuable services during the year. In particular, I would express appreciation to Mr. Robert Owen for his help in the selection of pupils for the school for the Physically Handicapped at Llandudno and for his ready acceptance in seeing these pupils during school holidays and arranging treatment and follow-up at school.

Table 9 (continued)  
ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases treated	
	by the Authority	Otherwise
Pupils treated at clinics or out-patients' departments	-	318
Pupils treated at school for postural defects	12	-

Table 9 (continued)  
CHILD GUIDANCE TREATMENT

	Number of cases treated	
	in Authority's Child Guidance Clinics.	Elsewhere
Number of pupils treated at Child Guidance Clinics	-	203

The number of children seen at Child Guidance Clinics showed a considerable increase during 1964 from 182 in 1963 to 203 in 1964. This was in part due to more children being found who required the skilled help that the Child Guidance team can offer, and also better staffing of the service with consequent decrease in waiting time and more children seen during the school year.

During the year clinics continued at Rhyl every Monday all day, and at Shotton every Friday all day.

In addition some Flintshire children are seen at the Wrexham



clinic and at Chester.

During the year Psychologists who form part of the Child Guidance team visited schools in the County at the request of the School Health Service, the Headteacher, or as part of their work when a pupil from a school attends the clinic. In particular, I would like to thank Mr. W. E. Moore, the Principal Psychologist, and Mr. P.J. McDonald for their ready help with problems in schools during the year.

Dr. E. Simmons and the medical staff of the Child Guidance Service have been ready at all times to help members of the department with problems referred to them.

Extracts from Dr. Simmons report are given below:-

"Our staffing position during the year was reasonably good, except for a shortage of social workers. In our clinics, psychiatrist, psychologist and social worker are involved in any given case as may be demanded by the need of the situation. Fortunately this approach permits of a liberal interpretation of the functions of individual workers and we were able to meet most of the demands made on the Service.

The volume of work involved may be gauged by the following figures for the entire service. It should be pointed out that they do not include any reference to verbal and written communications, "correspondence and telephone cases", which are both numerous and time consuming:-

	<u>New</u>	<u>Total</u>
1. <u>Interviews/Examinations of Children</u>	<u>Cases</u>	<u>Attendances</u>
At Clinics	317	1918
At Schools	372	404
Totals	<u>689</u>	<u>2322</u>
2. <u>Interviews of Parents or Guardians</u>		
At Clinics, by Psychiatrists	162	556
Psychologists	10	58
Social Workers	<u>184</u>	<u>1017</u>
Totals	<u>356</u>	<u>1631</u>
3. Visits to schools, educational offices, etc.		<u>400</u>
4. Visits to homes, social agencies, etc.		<u>229</u>

First interviews occupy ca.  $1\frac{1}{2}$  hours, most interviews with either parents or children ca.  $\frac{3}{4}$  hours each.

Weekly case discussions were held at our central clinic in Old Colwyn and less regularly at peripheral clinics. At these we were frequently joined by colleagues from allied fields and by students from universities and colleges. A number of students spent from 1 to 4 weeks with us working at clinics.

Liaison work in general was given a great deal of attention. Many of the children and parents whom we see in consultation or for diagnostic or therapeutic purposes are also known to workers in one or more of the other community services and may be actively supported by them. A constant effort is then required to ensure that available knowledge and resources are put to their best possible use. It is not always easy to know the exact nature and extent of difficulties met by others, to discover how best we might be of assistance, to match our approach to the working methods of others. Fortunately we are all conscious of these "problems of communication" and try to overcome them when we meet on formal occasions and, perhaps best, informally during discussions on individual cases.

Extensive contacts with teachers and Education Officers and their staffs have been maintained, mainly through the psychologists. Very active co-operation continued also with the School Medical Officers and the staffs of their departments in all counties.

The Education Authorities of the five North Wales counties who have participated in the Service for many years now and of Montgomeryshire after extensive discussions and with the full support of the Hospital Management Committee, decided to increase the establishment of Educational Psychologists from the existing two to five, as from April 1965, and to include Montgomeryshire in the provisions made. The new appointees will be seconded to the Service to work under the overall direction of the Principal Psychologist as do the Hospital Management Committee's Clinical Psychologists. Together with other members of staff they will function as full members of teams in agreed parts of the area. A considerable expansion of the school psychological services in particular is envisaged, and this will be backed by the full resources of the service as a whole.

Gwynfa, our residential clinic at Colwyn Bay, forms an important part of the general facilities of our clinics. The establishment is staffed and financed by the Hospital Management Committee on behalf of the Welsh Hospital Board and functions as an integral part of the Child Guidance Clinic Service. There is accommodation for 20 children, to be increased possibly to 25. Boys and girls aged preferably under 12 are admitted for full investigation and treatment as may be

necessary. Children who require very long term care, those who need training rather than treatment, and those who show grossly disordered behaviour, are unsuitable for admission. The former would soon block the beds urgently needed by those likely to benefit from active and relatively short term treatment and the latter would require a degree of supervision and restriction which is generally held to be undesirable for the children for whose treatment Gwynfa is primarily intended.

During 1964 twelve children were admitted for the first time and five were re-admitted. Nine left, a total of 19 being in residence at the end of the year. Three children attended as day patients for varying periods. One of them became an in-patient to allow more intensive treatment. The mothers of two very seriously troubled children were admitted for a few weeks, one bringing a two year old with her, to make the break from their homes easier for the children and to allow us to observe at close quarters the interaction between the children and their mothers. This seemed a worth while procedure. The general impression is that Gwynfa enables us to contribute to the readjustment of children too disturbed to benefit from attendance at out-patient clinics or who for some reason or other could not be reached by any other means. Since its opening three years ago, while overcoming natural growing pains, we have been able to admit a total of 44 children.

The training of our own students has continued. The Course provided extends over two years and includes practical and academic/clinical work, the latter occupying about 4 sessions weekly. Three second year students were granted the "Certificate of Competence" (to care for children and assist in the treatment of those emotionally disturbed) which the Welsh Hospital Board awards to those completing the training course satisfactorily.

In a previous report attention has been drawn to the absence of suitable facilities for the care and treatment of adolescents, aged say 12 - 16, when the nature and degree of their disturbance do not warrant psychiatric hospital care. It has been suggested that the Education Authorities might provide a hostel which could work in close association with Gwynfa and our Clinics. Children from a hostel would attend local schools and could be prepared for entry into working life. The matter could not be pursued because existing commitments would not permit us to cover the very considerable requirements which a new venture of this kind would make on our present staff. It is proposed, however, to put the necessary data on paper so that action can be taken when circumstances become propitious.

As in earlier years we have appreciated the active help and consideration of many lay and professional people whom we have met in our work at clinics, in schools, at committee meetings and elsewhere. Thanks to the happy co-operation between Hospital, Local Health and Education Authorities of the North Wales counties we have been able to build up a comprehensive service whose future growth in accordance with the requirements of the area seems assured."

E. SIMMONS



## CHILD GUIDANCE CLINICS - STAFF

NAMES	POSTS
(A) CLINICAL:	
Dr. E. Simmons	Medical Director and Consultant Psychiatrist
Dr. J.A. Williams	Senior Registrar in Psychiatry
Dr. G.J. Pryce	Registrar in Psychiatry
(Vacancy)	Part-time Clinical Assistant
Mr. W.E. Moore	Principal Psychologist
Mrs. G. James	Clinical Psychologist
Mr. J.B. Edwards	Educational Psychologist
Mr. P.J. Macdonald	Educational Psychologist
Mr. J. Sants	Part-time Psychologist
(Vacancy)	Senior Psychiatric Social Worker.
(Vacancy)	Psychiatric Social Worker.
Mrs. V. Ford-Thomson	Social Worker
Miss M. Moston	Social Worker
Mrs. S. Mundle	Part-time Social Worker
(B) SECRETARIAL:	
Mrs. D. Roberts	Secretary
Miss J.E. Bowyer-Sidwell	Shorthand-Typist/Clerk
Miss E. Davies	Shorthand-Typist/Clerk
Miss D. Waters	Shorthand-Typist/Clerk

Note: Most members of the clinical staff carry responsibilities in respect of the work of "Gwynfa" but no additional workers have been appointed.



## NORTH WALES CHILD GUIDANCE CLINICS

Number of Flintshire Children and Parents interviewed during 1964.

CLINICS	Number of individual children seen	ATTENDANCES									
		Psychiatrist				Psychologist				P. S. W.	
		First	Further	First	Further	First	Further	First	Further	First	Further
		C	P	C	P	C	P	C	P	P	P
Rhyl	46	23	18	73	68	12	-	16	-	16	29
Colwyn	11	7	8	9	7	7	3	1	-	6	7
Shotton	45	24	18	131	14	21	1	37	-	24	133
Wrexham	4	-	-	27	15	-	-	-	-	1	9
Seen at Schools:	106	54	44	240	104	40	4	54	-	47	178
	97	(For individual assessment by Psychologists)									
	203										

Number of Children and Parents from other Counties seen at Flintshire Clinics.

<u>RHYL CLINIC</u>											
Denbighshire	21	6	3	53	29	5	-	20	1	2	42
	21	6	3	53	29	5	-	20	1	2	42

'C' = Child, 'P' = Parent or guardians

Number of Visits during 1964

Psychiatric Social Workers		Psychologists	
Home Visits	Visits to other Social Workers	School Visits	Visits to other Social Workers
60	2	97	-

Number of Flintshire referrals received during 1964

Name of Referring Agency	Number of Referrals
School Medical Officer ... ..	26
General Practitioners ... ..	19
Consultant Paediatricians ... ..	8
Other Medical Specialists ... ..	5
Courts and Probation Officers ... ..	7
Other Social Workers ... ..	4
Parents ... ..	3
Children's Officers ... ..	-
Head-teachers ... ..	94
	166
Waiting list on 31st December, 1964	8

**Speech Therapy:** During the year the authority was fortunate in recruiting a second speech therapist, who undertook full-time work and started in October. Mrs. R.E. Ward, the part-time Speech Therapist, who has been with the authority for many years, was also able to increase her sessions, so that the authority has now for all practical purposes the services of two Speech Therapists. It was decided to divide the county into East and West - with Miss Roberts covering the clinics in the Western half, Mrs. Ward those in the Eastern half. It was also arranged that the two speech therapists should meet regularly as this would be a considerable help to Miss Roberts to enable her to get some of the background and previous work done so efficiently by Mrs. Ward for many years in all parts of the County.

The extra time now available with two speech therapists working in the County is already reflected in the extra children seen at clinics, in some very valuable experimental work done by Mrs. Ward and in extra school visits.

Table 9 (continued)

## SPEECH THERAPY

	Number of cases treated	
	by the Authority	Otherwise
Number of pupils treated by Speech Therapists.	309	-

**REPORT OF WORK CARRIED OUT IN SPEECH THERAPY  
CLINICS DURING 1964**

Total cases seen	...	...	...	...	326
Current cases	...	...	...	...	235
Discharges	...	...	...	...	91
					<u>326</u>

**Analysis of Current Cases:****Dyslalia, arising from:**

a) Retarded speech and language development	...	...	...	...	...	28
---	-----	-----	-----	-----	-----	----

b) Sound substitutions and omissions	150
c) Partial deafness ... ..	1
d) Cerebral Palsy (dysarthria) ...	1

Alalia: ... .. 1

**Hyperrhinolalia; arising from:**

a) Cleft palate ... ..	2
b) Diagnosis under investigation ...	1

**Stutter:** ... .. 49

**Cluttering:** ... .. 2

TOTAL ... .. 235

**Analysis:**

Discharges ... .. 91

**Dyslalia; arising from:**

a) Retarded speech and language development ... ..	41
b) Sound substitutions and omissions	33

Alalia ... .. 2

Stutter ... .. 13

Treatment Unnecessary ... .. 1

Unclassified ... .. 1

TOTAL ... .. 91

Total Number of new cases seen ... 120

Total Attendances made ... .. 2, 139

Total School Visits made ... .. 119

Total Home Visits made ... .. 59

**Discharges (Details of):**

**Dyslalia; arising from:**

a) <u>Retarded speech and language development</u>	
1. Speech normal ... ..	29



2.	Speech comprehensible and adequate considering mental retardation	1
3.	Speech improved but:-	
i.	Too erratic attendance for patient to benefit further ...	9
ii.	Family moved ...	1
iii.	Parents objected to treatment	1
		<hr/> 41 <hr/>
b)	<u>Sound substitutions and omissions</u>	
1.	Speech normal ...	27
2.	Speech improved but:	
i.	Too erratic attendance to benefit further ...	1
ii.	Family moved ...	3
iii.	Attending educationally sub-normal Schools (Residential)	2
		<hr/> 33 <hr/>
c)	<u>Alalia</u>	
1.	Speech normal ...	2
d)	<u>Stutter</u>	
1.	Speech normal ...	2
2.	Speech improved but:	
i.	Left school ...	8
ii.	Too erratic attendance to benefit further ...	3
		<hr/> 13 <hr/>
e)	<u>Treatment unnecessary</u>	
1.	Speech normal	1
f)	<u>Unclassified</u>	
1.	Non-attendance of first interview	1
		<hr/> 91 <hr/>

During the year, until October 1964, the Speech Therapy Service

ran smoothly and clinics were held the same as in the previous year.

In October 1964, Miss Gwenda Roberts was appointed as a Speech Therapist in the County, which meant we could look beyond the fringe of the hitherto utility service.

Since October, Miss Roberts has held clinics at:-

Prestatyn	-Every Monday - all day
Rhyl	-Every Tuesday and Thursday - all day
Connahs Quay	-Every Wednesday - all day

Mrs. R.E. Ward holds clinics at:-

Holywell	-First and third Tuesday mornings
Mold	-First and third Tuesday mornings and second and fourth Tuesday - all day
Shotton	-Second and fourth Wednesdays - all day
Buckley	-First and third Thursdays - all day
Flint	-First and third Monday mornings
Saltney	-Second and fourth Monday mornings
Hope Primary School	-Alternate Tuesday afternoons - since February 1965.

Because of the increased service, it has been possible to undertake more detailed following up of cases, and also do more school visiting. Both Miss Roberts and I feel that contact with and work done within the school framework is proving of immense value. The Head Teachers and their staff throughout the county have given us every possible help with the speech handicapped children. The work and the results gained by the Teacher and Speech Therapist are so inter-related that we view the excellent relationship we feel we have in Flintshire with the schools - with appreciation and pleasure. We do hope that in the future we may be able to expand this contact further. Miss Roberts and I would like to thank the Teaching Staff for their interest and for the gracious welcome we receive in the schools.

In October 1964, it was possible to undertake some interesting work with a group of four 11 and 12 year old modern secondary school boys who suffered from stuttering. Work was done intensively on the speech every day - all day for a fortnight. The boys worked in the

clinic and in outside situations both familiar and unfamiliar. They were followed-up carefully both at home and at school where work continued. The boys were all keen and most interested and worked very well. Since the fortnight was over, the boys have returned at intervals, working on occasions for a whole day with the Speech Therapist, or for shorter periods in the group and individually.

The results have been very encouraging. All the boys feel much more confident and have lost their embarrassment about the stutter. In all four cases there has been very considerable reduction in the stutter, and progress has been well maintained. Co-operation both from their homes and schools has been excellent and I feel the experiment well worth repeating.

Attendance at clinics has been good, but there is a small proportion of continual defaulters and cases where the home co-operation is poor. In these cases the speech defective child is doubly handicapped as progress is often negligible and in the case of stuttering, the defect tends often to increase with neglect.

As in previous years, I would like to stress the importance of early referral of cases of abnormal speech. Much can be done for the pre-school child in many instances and anxiety of parents averted.

I was very pleased to welcome Miss Roberts last October and we both are most appreciative of all the help given to us and the Speech Therapy Service by so many of the County Staff. The Health Visitors and Mr. Trevor Jones give us most invaluable aid.

Dr. G.W. Roberts has, as always, given wise counsel and practical encouragement throughout the year, and I thank him most sincerely for this and especially for the help he gave over the experimental intensive work with the group of stutterers.

RUTH E. WARD  
L.C.S.T.

Table 9 (continued)

## OTHER TREATMENT GIVEN

	Number of cases treated	
	by the Authority	Otherwise
(a) Miscellaneous minor ailments	273	23
(b) Pupils who received convalescent treatment under School Health Service arrangements	1	-
(c) Pupils who received B.C.G. vaccination ... ..	1,112	-
(d) Other:-		
(1) Lymphatic glands ...	7	3
(2) Heart and circulation	3	17
(3) Lungs... ..	15	42
(4) Development ...	36	29
(5) Nervous system ...	7	24
TOTAL (a) - (d) ... ..	1,454	138

**Dental Inspection and Treatment:** In addition to the statistics that follow, I have pleasure in appending the report of Mr. Fielding, Principal School Dental Officer.



Table 10

## DENTAL INSPECTION AND TREATMENT

Description						Number
(1) Pupils inspected by the Authority's Dental Officers:-						
Periodic Age Groups ... ..						16,187
Specials ... ..						3,358
Total (Periodic and Specials) ... ..						<u>19,545</u>
(2) Found to require treatment ... ..						12,838
(3) Number offered treatment ... ..						11,020
(4) Actually treated ... ..						7,500
(5) Number of attendances made by pupils for treatment excluding those recorded at 13 (e) 1 below ... ..						16,480
(6) Half-days devoted to:						
Inspection ... ..						121
Treatment ... ..						2,420
Total (Half-days) ... ..						<u>2,541</u>
(7) Fillings:-						
Permanent Teeth ... ..						8,643
Temporary Teeth ... ..						1,863
(8) Number of Teeth filled:-						
Permanent Teeth ... ..						7,833
Temporary Teeth ... ..						1,758
(9) Extractions:-						
Permanent Teeth ... ..						2,814
Temporary Teeth ... ..						5,439
(10) Administrations of general anaesthetic for extraction						4,351
Number of half-days devoted to the administration of general anaesthetics by:-						
(a) Dentists ... ..						15
(b) Medical Practitioners ... ..						255
(11) Number of pupils supplied with artificial teeth ...						94

Table 10 (continued)

Description	Number
(12) Other operations: (1) Crowns ... .. 24	24
(2) Inlays ... .. 1	1
(3) Other treatment ... .. 3,253	3,253
(13) (e) Orthodontics:-	
(1) Number of attendances made by pupils for orthodontic treatment ... .. 1,359	1,359
(2) Half-days devoted to orthodontic treatment ... .. 90	90
(3) Cases commenced during the year ... .. 136	136
(4) Cases brought forward from previous year ... .. 333	333
(5) Cases completed during the year ... .. 110	110
(6) Cases discontinued during the year ... .. 14	14
(7) Number of pupils treated by means of appliances ... .. 179	179
(8) Number of removable appliances fitted ... .. 99	99
(9) Number of fixed appliances fitted ... .. 97	97
(10) Cases referred to and treated by Hospital Orthodontists ... .. -	-

### REPORT ON THE WORK OF THE SCHOOL DENTAL SERVICE

During the year, we had a visit from Mr. Morgan, the Regional Dental Officer for Wales, representing the Chief Dental Officer of the Ministry of Health and Education. Mr. Morgan spent two days inspecting the County Dental Service and during that time visited every clinic, and met all the dental staff individually. He made some suggestions as regards equipment and clinic arrangements, but, on the whole, appeared to be satisfied with the facilities that we offered.

Miss Solomons, a Trained Dental Auxiliary, commenced her duties with the County on October 1st, in a newly equipped surgery at Shotton. Owing to the shortage of Dental Surgeons the Ministry of Health, for an experimental period of four years, is training suitable girls on a two-year course at New Cross Hospital, London, to carry out some of the more straight forward operations in Dentistry, in the

hope that this will ease the present manpower shortage among Dental Surgeons. These girls, when they have completed their two year course, are placed with Local Authorities and work under the direct supervision of a qualified Dental Officer. This arrangement has worked very well in cities and County Boroughs where the usual practice is to have a central clinic with one or more Dental Officers permanently established, supervision under these circumstances offers no difficulties.

The position in Counties is somewhat different. Clinics rarely have more than one surgery and quite often as in Flintshire, a Dental Officer visits several clinics during the week. The legal requirement of supervision cannot always be provided, in which case the Dental Auxiliary has to be employed doing other work. We have, on these occasions, arranged for Miss Solomons to visit schools, to give talks on Dental Health Education which, on the whole, have been very well received. I doubt whether Dental Auxiliaries will prove to be the answer to the present manpower shortage in the profession. We might be better served by waiting for fully qualified staff who could more easily be accommodated and employed.

Certainly since Miss Solomons' appointment more Dental Health Education has been carried out. A full-time Health Education Officer, possibly combining all health education, might be more satisfactory than trying to deal with dental health education on its own.

Mr. Pearse, who has been employed as a Dental Officer for the last three years, resigned in October on being appointed an Area Dental Officer with Bristol Education Committee. So far, we have not been able to fill his former post. However, we are fortunate in having two part-time Dental Surgeons in addition to four full-time Dental Officers, and we are also well supported by sufficient medically qualified dental anaesthetists.

A. FIELDING,

Principal School Dental Officer

## SCHOOL PREMISES

School premises are inspected by the School Medical Officer at the time he is in the school conducting the medical examination of pupils. Defects found are reported to the Director of Education and the County Architect.

In addition, defects are reported to the Director of Education by the Head Teachers and dealt with depending on the nature of the work required. Because of financial considerations defects have to be dealt with on a priority basis.

A great deal has been done recently to improve the conditions of school premises, and the following figures show the present position relating to sewage disposal in schools.

Total number of schools - 121 (excluding Technical Colleges, etc.)

Nursery ... ..	1
County ... ..	60
Voluntary Primary ... ..	41
Secondary Modern ... ..	10
Secondary Grammar ... ..	5
Bilateral ... ..	4
	<u>121</u>

Of these schools only one County Primary School is without water carriage sanitation - Gwaenysgor. There are two Voluntary Primary Schools without water carriage sanitation—Bangor-on-Dee and Higher Wych.

Three schools have septic tanks - Carmel; Rhosesmor; Elfed School, Buckley. All other schools with water carriage sanitation are connected to mains sewerage.

Many of the school buildings are old and, therefore, have inadequate window space, ventilation, lighting, etc. — this of course is a national problem, not just a County problem. Every effort is made to get all school staff to make the best use of their existing facilities, and advice and help is available from the medical staff of the department to this end.

Allied to the question of premises is that of hygiene — it is difficult to reach and maintain a high standard of personal hygiene



amongst pupils if reasonable facilities are lacking. This applies in particular to the provision of toilets and hand washing facilities. Much has been achieved in recent years in raising the standard of provision and cleanliness of toilets in schools — this is a topic that really matters and head teachers and caretakers now fully realise this. Hand-washing is probably the most important single measure that can be carried out in schools to reduce the spread of infection and particularly bowel infection which spreads so rapidly amongst children and can be of a serious nature.

More and more schools are now being provided with warm water for hand-washing and many infants and junior schools arrange for children to have individual towels in cloakrooms, and some of the secondary schools are trying new methods of hand drying such as paper towels and continuous towelling in special cabinets.

Further progress was made during the year in improving standards in some school kitchens where school meals are prepared. The County Public Health Inspector has taken an active part in this work, working with the District Public Health Inspector and the School Meals Organiser.

Many new schools have been built in the County since the war when new building was suspended and, also, improvements carried out to existing schools. The main problems are the schools which are out of date and due for replacement in the future, and where teaching is continuing for the time being. Obviously, the Authority is not going to spend considerable sums on these schools to bring the accommodation up to modern standards; on the other hand, conditions must not deteriorate to the point that they may adversely affect the pupils.

**School Meals and Milk:** The School Meals Service provide 16,120 meals on an average per day, an annual total of 3,111,160. Meals are carefully planned and well balanced, and a specimen menu is given below:-

#### Typical Menu served at a School in the County

MONDAY	Cold Boiled Ham, Salad and Mashed Potatoes. Bakewell Tart, custard.
TUESDAY	Meat Pie, Boiled Potatoes, Carrots. Pineapple, custard.

WEDNESDAY	Roast Pork, Apple Sauce, Roast and Boiled Potatoes, French Beans. Semolina Pudding with jam.
THURSDAY	Irish Stew. Baked Jam Roll, with custard.
FRIDAY	Cheese Pie, Tomatoes, Mashed Potatoes. Apricot Sponge, custard.

There is a great deal of day to day contact between the School Meals Department and the Health Department — particularly Mr. Lewis, the County Public Health Inspector.

For the County as a whole, out of a possible total of 26,616 children, 19,105 took milk at school regularly (71.78%). The percentage taking milk varies greatly from school to school, the lowest being 30.03%, the highest being 100%, the average being 81.05%

School milk is supplied by three dairymen, whose premises are situated in Queensferry, Chester, and Whitchurch.

241 Samples of milk were taken during the year and submitted for chemical and bacteriological analysis. All samples were found to be satisfactory. Washed school milk bottles were taken from the bottle washing plants and submitted to bacteriological examination, and the average bacteriological counts were found to be satisfactory.

Inspections were made of school meals canteens and attention paid to their structural condition, to the hygienic handling, storage and distribution of the food, the cleanliness of the utensils and crockery, the storage and disposal of waste food, staff cloakrooms and conveniences.

A considerable amount of work is done in these school kitchens where over 3,111,160 meals are prepared annually. The wear and tear of equipment is heavy and its replacement is expensive and slow. The kitchens were clean but the problems produced by condensation due to cold buildings and to the lack of ventilation add a lot to the worries of the school cooks.

Meat was supplied by four contractors but one supplier had his contract cancelled because the meat was not up to the required standard. Immediately following the outbreak of typhoid at Aberdeen, the Medical Officer called a meeting of the School Meals Supervisors,

and Cooks to discuss the situation and the problems involved. An inspection was also made of the stocks of corned beef, and sixteen cans bearing a certain trade mark were withdrawn and returned to the suppliers.

21 Samples of food stuffs delivered to the School Meals Services were submitted for bacteriological and chemical analysis. Amongst these were colouring matters, skimmed milk, butter, sausages, minced beef, vegetables and fruit.

Health Education: Health Education has been well to the fore in 1964, more time and thought has been given to this most important subject, and more and more of the staff of the department are being called upon to take part in the work, not only in homes and clinics, but also in schools and clubs throughout the county.

The role of the School Health Service is to supplement work already carried out by teachers in schools. Many schools include a variety of Health Education subjects in their syllabus and very valuable instruction is given by teachers of physical education and biology in secondary schools. The natural follow up, to talks on human relations, moral problems of adolescents and sex education, by the school doctors, is thereby made more easy. It is encouraging to note that Headteachers still feel there is a need for these latter talks to be given by members of the School Health Service. Indeed they seem to be warmly welcomed by parents and children alike, also.

During the year, three events highlighted the importance and the need for health education in the community.

The first was the Aberdeen Typhoid epidemic which focussed attention everywhere on the need for good standards of personal hygiene. Schools were quick to show interest in their own sanitary state, requests were received for inspection of premises from Headteachers, and for supplies of literature, leaflets and publications. The opportunity was seized to give talks to schools on proper hand-washing care, and a special talk was given by the Principal School Medical Officer to the School Meals Staff of the County on food handling. The local press gave prominence to publishing reminders for the need for preventative precautions in day to day living.

The second event which stimulated the course of Health Education was the publication in April of the British Medical Association report

on V.D. and young people. These findings were widely quoted in the Press and great concern was expressed at the increase of V.D. particularly in teenagers. The need for factual talks to adolescents was again emphasised. Following on this, copies of leaflets for guidance of teenagers were made available by the Department to Headteachers of all secondary schools in the county, and it was decided to enlarge the health education talks to leavers by the addition of film, filmstrip and talks on Venereal Disease.

The introduction of these newer coloured films and filmstrips has been much appreciated, a more lasting impression is achieved by the added use of films such as "Women of Tomorrow", "Boy into Man", "Learning to Live", "The Innocent Party". Young people enjoy these films and learn from them. The health department is greatly indebted to Mr. Ellis, County Visual Aids Officer, for his ever-willing help in providing such excellent material for use in schools.

In the sex education scheme, a course of 3 talks illustrated by films was given to school leavers at each of three secondary schools, Dr. W. Manwell taking the boys, and Dr. L. L. Munro the girl leavers. The talks given were informal but factual, and included personal hygiene, diet, growth development, menstruation, moral problems of adolescents, pregnancy and Venereal Disease. Ample opportunity was given for discussion and for the answering of questions afterwards.

Health Visitors have also taken keen interest in this type of work, and have been running their own courses in their own particular areas. Miss J. S. Rogers has been running a weekly series of talks on Mothercraft and Personal Relationships at Buckley Elfed Secondary School, this course has been extended to include menstruation and sex education also. Similar lectures with film strips have been run at Shotton Deeside by Mrs. P. B. Coupe, and Miss P. M. Matthews, and in Rhyl Glan Clwyd Welsh Bilateral School by Miss Stewart, dealing here with personal hygiene and personal problems. There is every indication that more schools will call for these informal meetings in the future, between senior pupils and health department staff.

As well as sex education projects in secondary schools, general subjects have also been dealt with during the year. A return showing of the three films "Smoking and You", "This is your Lung", and "The Smoking Machine", was given at two secondary schools in the Western area in Rhyl and Prestatyn in an effort to discourage young smokers. Leaflets and booklets were made available and, at each showing, a School Doctor was present to answer questions on this and other health matters.



All the films shown in schools are first checked out by the Medical Staff at the health department. In two cases trial showings were made after this to selected Grammar School Sixth-formers who were then asked for their comments on the material used.

Mention must here be made of the Health Education scheme carried out by members of the health staff in the annual course of lectures to Pre-nursing students at the Flintshire Technical College, Kelsterton. Members of the health staff were also invited to take part in April in the General Studies Programme there, on Family and Individual Relationships, and attended as panel members on the daily Brains Trusts.

Regular visits are also paid by the nursing staff to all Primary Schools in the county, in all 130 school visits were paid by Health Visitors during 1964 for the purpose of giving special talks on health education subjects. At some Schools such as Rhualt C.P., the Health Visitor, Mrs. D.M. Lewis, concentrated on the youngest members, and infants greatly enjoyed talks illustrated by films "Washing Day at The Zoo", and "No Toothache for Noddy". At Mynydd Isa C.P. School a Health Week was organised in June, children joined in with pictures and essays illustrating themes of hand-washing, care of feet, teeth, dental hygiene, and diet. Special displays were arranged, these included live cultures grown from bacteria from unwashed hands and also from fly contaminations, to show children how infections came about. This Health Week was followed up by a meeting of the Parents Teachers Association at which the Principal School Medical Officer spoke on the School Health Service.

Much of the health education undertaken is done so on an informal basis, quite apart from organised talks. Health Visitors and School Nurses, in school for the purpose of carrying out vision tests, cleanliness inspections, medical examinations, made full use of these opportunities to give quiet talks to small groups of children to help encourage good habits.

In school clinics throughout the County, Posters and demonstrations on varying subjects are provided. These are changed monthly so as to provide constant fresh stimuli. Displays were also held at five Clinic centres throughout the county of aids to the physically handicapped, flame-proofed clothing for children, etc.

Larger exhibitions held during the year included the Demonstration of Life saving and Resuscitation given by students of the Technical College, with demonstration of mouth to mouth breathing, by Mr. Jones, County Ambulance Officer and introduced by Dr. Deas. An exhibition

was also held at the Connah's Quay Community Centre on June 4th under the Chamber of Trade, which was concerned chiefly with home safety, clean food, atmospheric pollution, diets for the elderly, and featured poster displays of all the social services available in the county. The display of gadgets to help physically handicapped persons was featured also as a special display at the Flint and Denbigh show August and roused great interest.

The third factor which was evident in the development of the health education programme, was the rapid growth of voluntary work during the year. Under the guidance of Senior Health Visitors, Miss J.M. Jewell and Miss M. Williams, there are several flourishing social service groups in secondary schools in Flintshire. Children are paying regular visits to the aged, lonely or handicapped persons, outings and Christmas parties were arranged and much very valuable work has been done in this sphere. This increasing desire to help others has been shown in the number of children taking up Red Cross Work or training in First Aid, either as part of the Duke of Edinburgh Award Scheme, or for some other project. Several Health Visitors have taken part in these schemes giving up much of their free time visiting clubs and holding evening classes.

Training and Leadership courses were held in Rhyl in October, and were attended by Health Visitors, Nurses, Youth Leaders and Red Cross workers. Talks were also given to British Red Cross Cadet Units in Buckley and Rhyl. It was particularly pleasing that two children were able to go from Flintshire to attend the Outward Bound Courses under auspices of the Red Cross.

In conclusion, our thanks go out to all those who have so willingly helped in these schemes, to the Headteachers for their very kind co-operation, to Dr. Manwell who has a very special flair for this work, to Miss Matthews and all the Health Visitors, who have done so much to make it successful. Last, but by no means least, a special thanks to Mr. E. Lewis, County Public Health Officer, without whose untiring help and interest, none of this would have been even possible.

